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CONFIRMATION NO. 5798

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
10/010,244	12/06/2001	607	3773	SYN-064 A	
RULE					
APPLICANTS Robert Sixto JR., Miami, FL; Michael Sean McBrayer, Miami, FL; Juergen A. Kortenbach, Miami Springs, FL; Charles R. Slater, Fort Lauderdale, FL; Kevin W. Smith, Coral Gables, FL;					
** CONTINUING DATA ***** This application is a CIP of 09/931,528 08/16/2001 PAT 6,569,085 and is a CIP of 09/891,775 06/25/2001 PAT 6,716,226 and claims benefit of 60/292,419 05/21/2001 and is a CIP of 09/730,911 12/06/2000 PAT 6,551,315					
** FOREIGN APPLICATIONS *****					
** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** 01/04/2002					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/DARWIN P EREZO/</u> Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	STATE OR COUNTRY FL	SHEETS DRAWINGS 18	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 3
ADDRESS MAYBACK & HOFFMAN, P.A. 5722 S. FLAMINGO ROAD #232 FORT LAUDERDALE, FL 33330 UNITED STATES					
TITLE METHODS FOR THE ENDOLUMINAL TREATMENT OF GASTROESOPHAGEAL REFLUX DISEASE (GERD)					
FILING FEE RECEIVED 1017	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	